

Entered 04-04-03 - sb
CL 03L0268 - GWENDOLYN BURNS

03-R-0644

ADOPTED BY
MAY 05 2003
COUNCIL

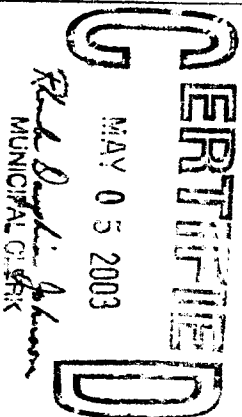
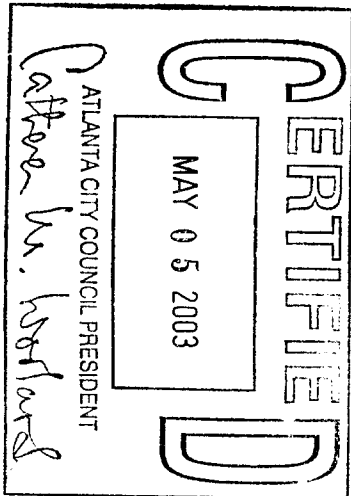
CLAIM OF: CALVIN GOOCH
932 Martin Street, SE, Apt. B
Atlanta, Georgia 30315

For vehicular damages alleged to have been sustained when a subject was thrown on the hood of an automobile by Police during an arrest on April 17, 2003 at North Avenue, NW & English Avenue, NW.

THIS ADVERSED REPORT IS
APPROVED

BY:


JERRY L. DELOACH
DEPUTY CITY ATTORNEY



ADVERSE REPORT

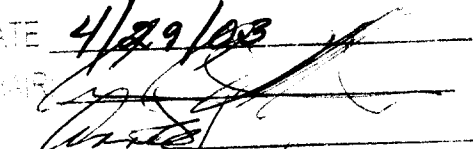
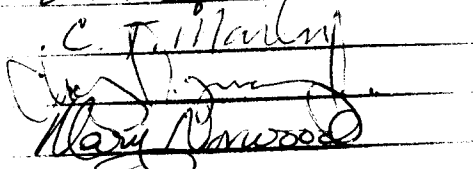
PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE

4/29/03

CHAIR


C. Tillman

Mary Woodward

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

MAR 25 2003

RE: CLAIM FOR DAMAGES

Today's Date: 3-18-03

ENTERED - 4-4-03 - SB
03L0268 - GWEN BURNS

Dear Municipal Clerk:

MUNICIPAL CLERK

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 571.00 OR \$ 589.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 2-22-03 (month/day/year) 2. Time of Incident: 2:30 PM 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): North Ave / English Ave
5. Name of your insurance company: GEICO Policy No. old 1K9-51-05 new 2010-95-10-57
6. State what and how incident occurred: police threw a person on hood car (police was arresting suspect which was resisting)

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: FORD 1967 53806 Calvin Gooch
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: FORDS MCKESSY S.A. Police officer
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Calvin Gooch
Signature of Claimant

Calvin Gooch
(Print Claimant's Name)

932 Martin Street SE
(Address)

Atlanta, Ga 30315
(City, State and Zip Code)

404-624-9340
(Work Number) (Home Number)

03-P-0644

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 02L0268

Date: April 17, 2003

Claimant /Victim CALVIN GOOCH
BY: (Atty) (Ins. Co.) _____
Address: 932 Martin Street, SE, Apt. B, Atlanta, Georgia 30315
Subrogation: _____ Claim for Property damage: \$ unspecified Bodily Injury \$ _____
Date of Notice: 3/25/03 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 2/22/03 Place: North Avenue, NW & English Avenue, NW
Department POLICE Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when a subject was thrown on the hood of his vehicle by Police during an arrest. However, the Department of Police is a governmental function and is protected by sovereign immunity for all operations as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

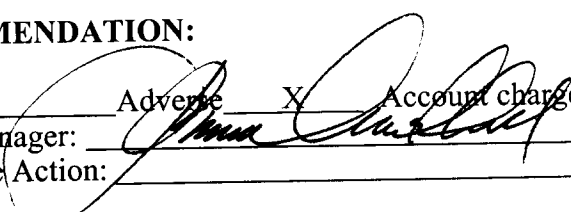
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2P01 _____ 2H01 _____
Claims Manager:  Concur/date 04/17/03
Committee Action: _____ Council Action _____



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

May 12, 2003

Calvin Gooch
932 Martin Street, SE
Apartment B
Atlanta, GA 30315

03-R-0644

Dear Mr. Gooch:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on May 05, 2003. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department